

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

10/550356

SERIAL NO. 10/550356 FILING DATE _____
APPLICANT _____

CLAIMS

	AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>			AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓	↓		↓		↓
TOTAL DEP.	3	←		←		←	TOTAL DEP.	←	←		←		←
TOTAL CLAIMS	5						TOTAL CLAIMS						

PTO-124 (REV. 8/83)

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